

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN**

Section 18 and Schedule 1 of The Children and Young Persons Act 2001

Date received by Court

1. Please use black ink.
2. The notes on page 6 tell you what to do when you have completed the form.
3. Please answer every part. If a part does not apply or you do not know what to do, say please say so. If there is not enough room, continue on another sheet (put the child's name and the case number on each sheet).
4. If there is more than one child you must fill in a separate form for each child.
5. If you have any concerns about giving your address or that of the child or any other address requested in this form, you may give an alternative address where papers can be served. However, you must notify the court of the actual address.

I apply to <b>The Court of Summary Jurisdiction (High Bailiff)</b> <b>In the Isle of Man</b>	Case No:
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For an order for ☐ periodical payments  
☐ a lump sum

**1. About the child**

Forename		Surname	
D.O.B		Age	Gender
The child usually lives at: <i>(see note 5 on addresses at top of this form)</i>			
The child lives with:		<input type="checkbox"/> the child's mother <input type="checkbox"/> the child's father	
If the child does not live with the Parent please give the name of the Person who is responsible for the child.			
The child is also cared for by:			
The child is at present:		<input type="checkbox"/> staying in a refuge (please give the address to the Court separately) <input type="checkbox"/> Not staying in a refuge	
If the child is temporarily living away from usual address, please say where he/she is living at present <i>(see note 5 on address at top of this form)</i>			

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****2. About myself (the person applying)**

I am: <input type="checkbox"/> the child (if 18 or over) <input type="checkbox"/> the child's mother or father <input type="checkbox"/> a guardian of the child <input type="checkbox"/> a person with a residence order <input type="checkbox"/> none of the above (please state): <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	
Leave to make this application:   The court which gave leave was:   Leave was given on:	<input type="checkbox"/> is being sought <input type="checkbox"/> has been given. <div style="border: 1px solid black; height: 80px; width: 450px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 230px; margin-top: 10px;"></div>

**My details:**

Title	
Full Name	
Address <i>(see note 5 on addresses at top of Page 1)</i>	
Date of Birth	
Telephone No.	

**My advocate's details:**

Title	
Name	
Address <i>(see note 5 on addresses at top of Page 1)</i>	
Telephone No.	
Fax No.	
Ref. No.	

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****3. About the child's family:**

The child's mother:	
The mother's date of birth:	
The mother's usual address: (see note 5 on addresses at top of Page 1)	

The child's father:	
The father's date of birth:	
The father's usual address: (see note 5 on addresses at top of Page 1)	

The child's mother and father:		<input type="checkbox"/> are living together
		<input type="checkbox"/> are living apart
The mother is:	<input type="checkbox"/> married to the child's father	<input type="checkbox"/> single
	<input type="checkbox"/> married to someone else	<input type="checkbox"/> divorced
The father is:	<input type="checkbox"/> married to the child's mother	<input type="checkbox"/> single
	<input type="checkbox"/> married to someone else	<input type="checkbox"/> divorced

**4. Parental Responsibility**

Some people have "parental responsibility" for a child.  
The law says what parental responsibility is and which people have it.  
These people include:

- A** the mother;
- B** the father  
if he was married to the child's mother when the child was born;
- C** the father  
if he was not married to the child's mother when the child was born  
but he now has a residence order;  
or he now has a court order which gives him parental responsibility;  
or he now has a formal "parental responsibility agreement" with the mother;  
or he has since married the mother;
- D** a guardian of the child;
- E** someone who holds a custody or residence order;

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**F** The Department of Health and Social Security which has a care order;

**G** any man or woman who has adopted the child.

The people who are believed to have Parental responsibility for this child are:

*(see note 5 on addresses on top of Page 1)*

Name	Address

**5. About court proceedings and the parents:**

Please give details of any relevant court proceedings between the parents and/or those who have parental responsibility

☐ Proceedings are not pending or in progress

☐ Proceedings are pending or in progress

*Please give details below*

Name of Person involved	Name of Court	Case No. (if known)

**6. About this application**

I wish the Court to order that:

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The financial needs of the child are:

The income, earnings capacity (if any), property and other financial resources of the child are:

State if the child has any physical or mental disability

☐

Yes

☐

No

If yes please give details:

The manner in which the child is being, or is expected to be, educated or trained:

You should now complete the statement of means form (FPC3)

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****7. The Respondents:**

The respondent(s) will be all those who:

- have parental responsibility
- are interested in or affected by the proceedings
- are allowed by Rules of Court

- Notes:
1. Only give the names and addresses of those people whose details are not given in Part 4 of this form.
  2. Please put the address where the respondent usually lives or where papers can be served. *(see note 5 on addresses on top of Page 1)*
  3. You will have to serve a copy of this application on each of the respondents.

Name	Address

**8. Declaration:**

I declare that the information I have given is correct and complete to the best of my knowledge.

Signed:

Date:

**What you (the person applying) must do next:**

1. There is a Notice of Hearing on page 8. Fill in the boxes on the Notice.
2. Take or send this form and Statement of Means to the Summary Courts Office with enough copies for each respondent to be served. The top copy will be kept by the court and the other copies given or sent back to you for service.
3. You must then serve the copies of the Application, the Notice of Hearing, the statement of means and the Respondent's Answer according to the rules. You may also be required under the Rules to give notice of the proceedings to other people.

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN**

Summary Courts  
Isle of Man Courts of Justice  
Deemster's Walk  
Bucks Road  
Douglas  
Isle of Man  
IM1 3AR

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****In the Court of Summary Jurisdiction (High Bailiff)  
in the Isle of Man**

Case No:     /

**NOTICE OF A [ HEARING] [ DIRECTIONS APPOINTMENT]**

You are named as a Respondent in these proceedings

Forename				Surname		
D.O.B		Age		Gender		

**You must read this Notice now****About the [ ☐ Hearing] [ ☐ Directions Appointment]**

Name of applicant	
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has made an application to the Court

The Court has been asked to make an order for financial provision for the child.

**To be completed by the Court:****The Court will hear this at****On****At****The time allowed is**

o'clock

**What you must do:**

- There is a copy of the application and statement of means with this Notice. Read the application now. You do not have to fill in any part. You must complete the form of Answer enclosed and follow the instructions on the first page of the Answer regarding service.
- You should obtain legal advice from an advocate. Addresses of advocates can be obtained from the Yellow Pages. An advocate will also be able to advise you as to whether you will be eligible for legal aid.

Date:

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**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****In the Court of Summary Jurisdiction (High Bailiff)  
in the Isle of Man**

Case No:

**To the Applicant:**

Before you send this form you must insert the name and address of the Respondent and the name of the child in the relevant boxes below.

Title	
Full Name	
Address	

**RESPONDENT'S ANSWER**

Full name of child:	
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You will get with this form a copy of:

- A Notice of Hearing or Directions Appointment
- An application that has been made to the court
- The applicant's Statement of Means

**Please**

- Read the Notice first
- Then read the application and the applicant's statement of means
- Answer the questions on this form and complete a Statement of Means (form FPC3) if you are being asked to make any payment for the child

You must return this Answer and any statement of means to the High Bailiff and serve copies on the applicant and each respondent (see parts 4 and 7 of the application form) within 14 days from that date of service.

A copy of form **FPC3 (Statement of Means)** is available from the High Bailiff.

To: Summary Courts Office  
Isle of Man Courts of Justice  
Deemsters Walk  
Bucks Road  
Douglas  
IM1 3AR

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN****THE RESPONDENT'S ANSWER**

Case No:

Full name of child:	
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**1. About the application:**

Please read the application form before you answer the questions

Continue on another sheet if there is not enough room

Please put the number of the question on the sheet

Title	
Full Name	
Address for service	

Do you have legal representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Advocate's details:

Title	
Name	
Address (see note 5 on addresses at top of Page 1)	
Telephone No.	
Fax No.	
Ref. No.	

Do you accept that you should be a Respondent in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the reason:		
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

**APPLICATION FOR FINANCIAL PROVISION FOR CHILDREN**

Is there anything else the Court should know about this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Do you agree with the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Do you intend to make an application?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>

Please complete a Statement of Means (FPC3) if you are being asked to make any payment for the child.

**2. I declare that the information I have given is true and correct to the best of my knowledge.**

Signed:

Date: